

Orange County Sheriff's Office Non-Supervisory Performance Appraisal Form TRIAD Coordinator

Name:	Employee #	<b>:</b> _	
Hire Date:			
Period Cover	ed: From	To	

### **Evaluation and Criteria**

Using the following numerical scale, assign the appropriate value to the tasks listed below. Select the number which best reflects your appraisal of the incumbent's performance and place it in the box. A rating of 5 or 1 must be justified in writing. Comments are encouraged for each section.

- 5-Exceptional
- **4-Above Satisfactory**
- 3-Satisfactory
- 2-Below Satisfactory
- 1-Unsatisfactory

N/A – Not applicable

#### COMMITMENT TO DEPARTMENTAL GOALS, PROGRAMS AND OBJECTIVES

Works with supervisor and co-workers in planning and building an effective team.
New and additional assignments are accepted and performed.
New methods are suggested and readily accepted to improve effectiveness and gain ways to
resolve the needs of senior citizens and mentally challenged children.
TRIAD Coordinators objectives, efforts and talents are directed toward the needs of the
citizens and the department.
Comments:

Name:	Date:
varric.	Date.

## **EVENTS AND PRESENTATIONS ORGANIZATION**

Prepares TRIAD Programs for display at Health Fairs, Street Fairs and Senior Days.  Participates in community events to promote the TRIAD program.  Speak at related organization meetings such as AARP, Senior Center and Ruritan Clubs.
Network with other TRIAD programs and other state agencies.
Comments:
VOLUNTEER RECRUITMENT
Reach out to community to recruit volunteers with TRIAD program. Assist in maintaining the TRIAD website for information and recruiting purposes. Meet with volunteers routinely to discuss program goals and needs.
Comments:
PROGRAM DEVELOPMENT/TRIAD PROGRAM ENHANCEMENTS
Keeps up to date on newest programs and suggested activities relating to TRIAD

\_Considers all possible program enhancements – plans for new content implementation

\_\_\_\_Works to obtain funding for needed materials and program enhancements

Comments:\_\_\_\_

on	Name:	Date:

# PERFORMANCE UNDER STRESSFUL, UNUSUAL OR EMERGENCY CONDITIONS

When under unusual circumstances, no serious deviations from expected performance are demonstrated.
Composure is maintained under stress.
Handles difficult situations in a very confident and professional manner.
Judgment results from sound evaluation of all factors involved.
Comments:
EXTERNAL PUBLIC RELATIONS
No verbal abuse of citizens.
Courtesy is demonstrated at all times to all people.
Is tactful and displays good self-control when in contact with irate individuals.
Comments:
INTERNAL COMMUNICATION AND COOPERATION
Completes assignments in harmony with others and is a good team worker.
Problems which occur in work relationships are promptly resolved.
Readily assists and backs up others.
Trains and guides volunteers on the S.A.L.T. Council.

Comments:\_\_\_\_

Name:	Date:
Name.	Date.

# **USE, CARE AND MAINTENANCE OF EQUIPMENT**

Vehicles are not abused through poor driving habits.
Equipment is not lost or damaged due to carelessness.
Specified operating and safety procedures are followed in the use and maintenance of equipment.
County vehicles are kept clean and serviced.
Equipment is kept clean, taken care of, and always in working condition.
Work area is kept clean and organized.
Comments:
CONFORMANCE TO DIRECTION AND DIRECTIVES
Instructions are followed and assignments completed on schedule.
Unassigned time is effectively utilized.
Special attention is directed to high risk citizens.
Work does not have to be closely supervised.
Organizational ability and ability to multitask.
Comments:

_Sheriff's Office policies, general orders, procedures, etc., are followed as prescribed or
exceptions are approved by supervisor.

# Comments:\_\_\_\_

# PHYSICAL CONDITION AND APPEARANCE

Dress code for TRIAD Coordinator's position is followed.
All physical standards prescribed by the department are met.
Corrective measures recommended by physician or other designated health representative
are followed in a timely manner.
Comments:
<b>CORE VALUES:</b> Assign a numeric to each box, then list examples or actions that demonstrate
how the employee embodies each core value. Complete all sections.
Integrity: Employee's actions are guided by ethical and honest conduct.
Leadership: Employee is an example to others.
Service: Employee is responsive and service-oriented to meet customer needs.
Comments:
County Policy
Is well versed in applicable county policies, knows where to find the most updated policy
Follows all applicable county policies
Makes appropriate inquiries as to the meaning or directives included in county policy before

\_\_\_\_Completes all county policy required forms and documents in a timely matter.

Comments: \_\_\_\_

4.5-5.00 and no ratings below satisfactory –Exceptional 3.5-4.49 and no ratings below satisfactory – Above Satisfactory 2.5-3.49 and no unsatisfactory ratings – Satisfactory 1.5-2.49 – Below Satisfactory 0.0 – 1.49 – Unsatisfactory

#### **Development and growth potential:**

Include comments on employee's major strengths, accomplishments made during this review period and development achieved since the last performance evaluation.

#### **Completed goals and objectives:**

Review the results of goals and objectives completed within this performance cycle.

#### New goals and objectives:

List the objectives to be accomplished within the next performance cycle. Arrange in order of priority.

#### Additional comments by rating official:

## **Comments by rated employee:**

By my signature, I acknowledge that I have received this performance evaluation. I understand that I may respond in writing if I disagree with any part of this evaluation.

Employee: \_\_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Sheriff: \_\_\_\_\_\_ Date: \_\_\_\_\_